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**PETERSFIELD URBAN DISTRICT COUNCIL**

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**ANNUAL REPORT**  
OF THE  
**MEDICAL OFFICER OF HEALTH**  
AND  
**SANITARY INSPECTOR**  
for the year  
**1951**

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PETERSFIELD:  
THWAITES & WATTS, LAVANT STREET



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Sanitary Inspector  
FOR THE YEAR  
1951

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# THE URBAN DISTRICT COUNCIL OF PETERSFIELD.

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*Chairman of the Council:*

(1951-52)

\* MR. K. GAMMON.

*Vice-Chairman:*

ADMIRAL SIR STUART BONHAM-CARTER.

*Members of the Council:*

(1951-52)

* MRS. A. A. HAYES.	MR. W. H. LEGOUBIN.
* MRS. B. M. WARDLE.	MR. E. C. YOUNG.
* MR. F. M. HOUNSOME.	MR. M. R. URQUHART.
MR. H. C. JACOBS.	MR. J. G. VINCE.
MR. E. J. KNELLER.	MR. A. C. GOULDER.

*Chairman of the Health Committee:*

MRS. A. A. HAYES.

\* Members of the Health Committee.

**Public Health Officers:**

*Medical Officer of Health:*

S. CHALMERS PARRY, M.A. Cantab., M.R.C.S., L.R.C.P., D.P.H.

*Sanitary Inspector and Meat and Food Inspector:*

F. G. BRADLEY, M.S.I.A., M.R.San.I.

*Clerk (part-time):*

MISS T. SMYTHE.

# PETERSFIELD URBAN DISTRICT COUNCIL.

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TOWN HALL,  
PETERSFIELD.

*To the Chairman and Members  
of the Petersfield Urban District Council.*

I have the honour to present the Annual Report for the year 1951 on the health and sanitary circumstances of the Urban District of Petersfield.

It is satisfactory to report there have been no deaths from infectious diseases.

No case of diphtheria was notified during the year.

Parents are reminded that children should be immunised in infancy and should receive their first supplementary injection preferably just before going to school.

It is very gratifying to report that the Infant Mortality Rate was nil. This is the first year in which no deaths of infants under one year of age have occurred for a period of over twenty-five years—during which records are available.

It is regretted that the Day Nursery had to be closed after functioning so satisfactorily for the past ten years.

I am grateful to Mr. Bradley not only for his valuable co-operation and assistance in compiling this Report, but also for his help in the administration of the Health Department.

*J. Chalmers Parry.*

Medical Officer of Health,  
Petersfield Urban District Council.

## LEGISLATION.

During the year, very little new legislation of Public Health significance was enacted.

The principal changes were :—

(1) RAG FLOCK ACT, 1951.

An Act to control the sale and use of rag flock and the registration of premises where upholstery of new furniture is carried out.

(2) ~~PET~~<sup>E</sup> ANIMALS ACT, 1952.

An Act to regulate the sale of pet animals. Under this Act, all pet shops must be licensed, and must satisfy the Local Authority that pets are kept in suitable accommodation and adequately supplied with food. It also makes it an offence to sell animals in a street or public place, except in a market.

## STATISTICS OF THE AREA.

Area	...	...	...	...	2,931 acres.
Rateable Value (31/3/52)	...	...	...	...	£61,431.
Sum represented by a penny rate (31/3/52)	...	...	...	...	£243 11s. 1d.
Population	...	...	...	...	6,922.
Number of inhabited houses and flats	...	...	...	...	2,108.

## NATURAL AND SOCIAL CONDITIONS OF THE AREA.

The district is situated in Eastern Hampshire bordering on West Sussex.

The predominant geographical features are the South Downs, which lie to the south, and the Stoner Hill district which lies to the west.

Petersfield is a Market Town and shopping centre for the surrounding districts.

The district is mainly residential, but there are a few light industries—the principal one being a rubber works.

The open space, known as the Heath, includes a boating lake, cricket ground, tennis courts and golf course.

Playing fields are provided at Love Lane, and a children's playground is situated in Bell Hill.

## VITAL STATISTICS.

Births.	1950.			1951.		
	M.	F.	Total.	M.	F.	Total.
Live Births (Legitimate)	55	53	108	47	50	97
(Illegitimate)	4	1	5	—	2	2
Total Live Births	...		113			99

*Live Birth rate* per 1,000 of the estimated population was 14·3 compared with 15·5 for the whole of England and Wales.

	1950.			1951.		
	M.	F.	Total.	M.	F.	Total.
Still Births (Legitimate)	1	2	3	—	—	—
Total Still Births	...		3			—

*Still Birth rate* per 1,000 total (live and still) births was 0·0 compared with 22·9 for the whole of England and Wales.

Deaths.	1950.			1951.		
	M.	F.	Total.	M.	F.	Total.
From all causes	37	50	87	46	51	97

*Death rate* per 1,000 estimated average population was 14·01 compared with 12·5 for the whole of England and Wales.

Maternal Mortality.		1950.	1951.
From Puerperal Sepsis	...	Nil	Nil
From other Puerperal Causes		Nil	Nil

*Maternal Mortality rate* per 1,000 total (live and still) births, 0·0.

### Infant Mortality (deaths under one year)

	1950.			1951.		
	M.	F.	Total.	M.	F.	Total.
Legitimate	...	1	1	2	—	—
Illegitimate	...	—	—	—	—	—
			2			—

*Infant Mortality rate* per 1,000 live births was 0·0 compared with 29·6 for the whole of England and Wales



The number of deaths of infants under the age of one year, per 1,000 live births, is known as the infant mortality rate for that year.

This rate for each calendar year is not regarded as a reliable guide, for the number of births in the District is insufficient to be of significance statistically.

But, if this rate is taken over a period of five years, it is then considered reasonably reliable and one of the best indices of the social circumstances of the district. High rates are commonly associated with overcrowding and defective sanitation.

It is therefore satisfactory to report that, during the past fifteen years, the quinquennial rates for this district have been considerably lower than the figures for the country as a whole.

The following table shows the rate for the district as compared with the rate for England and Wales, each over a five-year period :—

Year.		Petersfield U.D.C.		England and Wales.
1935	...	26.18	...	59.4
1936	...	29.47	...	57.2
1937	...	26.65	...	55.4
1938	...	32.19	...	55.2
1939	...	33.71	...	55.4
1940	...	35.19	...	53.6
1941	...	30.30	...	52.8
1942	...	31.88	...	52.0
1943	...	34.07	...	50.0
1944	...	34.12	...	46.6
1945	...	34.76	...	45.0
1946	...	36.71	...	42.0
1947	...	32.41	...	39.2
1948	...	26.35	...	35.9
1949	...	19.85	...	33.3

The infant mortality rate for the year under review was 0.0 compared with 29.6 for England and Wales.

The corresponding figure for 1950 was 17.7 compared with 29.8 for England and Wales.

## Causes of Death.

	MALE.	FEMALE.	TOTAL.
1. Tuberculosis of Respiratory System ...	1	3	4
2. Other forms of Tuberculosis ...	—	—	—
3. Syphilis ...	—	—	—
4. Diphtheria ...	—	—	—
5. Whooping Cough ...	—	—	—
6. Meningococcal Infections ...	—	—	—
7. Acute Poliomyelitis ...	—	—	—
8. Measles ...	—	—	—
9. Other Infective and Parasitic Diseases ...	—	—	—
10. Malignant Neoplasm, Stomach ...	1	—	1
11. „ „ Lung, Bronchus ...	—	—	—
12. „ „ Breast ...	—	—	—
13. „ „ Uterus ...	—	—	—
14. Other Malignant & Lymphatic Neoplasms	5	9	14
15. Leukæmia, Aleukæmia ...	—	—	—
16. Diabetes ...	—	—	—
17. Vascular Lesions of Nervous System ...	9	8	17
18. Coronary Disease, Angina ...	12	4	16
19. Hypertension with Heart Disease ...	1	1	2
20. Other Heart Disease ...	5	12	17
21. Other Circulatory Disease ...	2	1	3
22. Influenza ...	—	1	1
23. Pneumonia ...	1	1	2
24. Bronchitis ...	2	—	2
25. Other Diseases of Respiratory System ...	1	—	1
26. Ulcer of Stomach and Duodenum ...	1	1	2
27. Gastritis, Enteritis and Diarrhœa ...	—	—	—
28. Nephritis and Nephrosis ...	—	3	3
29. Hyperplasia of Prostate ...	1	—	1
30. Pregnancy, Childbirth, Abortion ...	—	—	—
31. Congenital Malformations ...	—	—	—
32. Other Defined and Ill-defined Diseases ...	2	6	8
33. Motor Vehicle Accidents ...	—	—	—
34. All other Accidents ...	1	1	2
35. Suicide ...	1	—	1
36. Homicide and Operations of War ...	—	—	—
	<u>46</u>	<u>51</u>	<u>97</u>

# ANALYSIS OF THE CAUSES OF DEATH ACCORDING TO AGE.

## Causes of Death.

AGE GROUPS.

	0-1		1-10		10-20		20-30		30-40		40-50		50-60		60-70		70-80		80-90		90-100		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Tuberculosis of Respiratory System	-	-	-	-	-	-	-	-	-	2	-	-	1	1	-	-	-	-	-	-	-	-	1	3
Malignant Neoplasm, Stomach	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-
Other Malignant and Lymphatic Neoplasms	-	-	-	-	-	-	-	-	-	-	-	1	1	1	2	3	2	4	-	-	-	-	5	9
Vascular Lesions of Nervous System	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2	1	5	3	2	2	-	1	9	8
Coronary Disease, Angina	-	-	-	-	-	-	-	-	-	-	-	-	1	-	7	1	3	1	1	2	-	-	12	4
Hypertension with Heart Disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	1	1
Other Heart Disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1	-	-	2	1
Other Cjrculatory Disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Influenza	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
Pneumonia	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1
Bronchitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	2	-
Other Diseases of Respiratory System	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-
Ulcer of Stomach and Duodenum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	1	1
Nephritis and Nephrosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	-	-	-	3
Hyperplasia of Prostate	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-
Other Defined and Ill-defined Diseases	-	-	-	-	-	-	-	-	-	1	1	1	-	1	-	2	1	1	-	-	-	-	2	6
Accidents	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
Suicide	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-
TOTAL	-	-	1	-	-	1	-	-	4	3	2	4	3	14	12	16	17	6	9	3	2	48	49	

## **GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.**

### **Ambulance Facilities.**

All applications for the use of ambulances should now be directed to the Ambulance Officer, Fareham (Telephone, Fareham 2170) who arranges for the most conveniently situated ambulance to attend.

Arrangements for the removal of smallpox cases (suspected or confirmed) are dealt with by the Aldershot Ambulance Station (Telephone, Aldershot 299), but applications should be made through the Ambulance Officer at Fareham.

### **Laboratory Facilities.**

Bacteriological work is carried out by the Public Health Laboratory at the Royal Hampshire County Hospital, Winchester (Telephone, Winchester 3807) and specimens of clinical materials (sputum, swabs, etc.) and samples of water, milk and foodstuffs are sent for bacteriological examination to Dr. R. Mackenzie, Director of the Public Health Laboratory.

Some specimens in connection with cases of infectious diseases, which have been admitted to the Portsmouth Infectious Diseases Hospital, are sent for bacteriological examination to Dr. K. Hughes, Director of the Public Health Laboratory, Milton, Portsmouth (Telephone, Portsmouth 74785).

Samples of water, sewage, milk, etc., for chemical analyses are sent to the City Analyst, Portsmouth (Telephone, Portsmouth 5482).

### **Nursing in the Home**

There are two midwives practising in Petersfield. Miss B. E. Bloomfield, s.c.m., 20 Burnt Ash Cottages, Steep Marsh, Petersfield (Telephone 676) serves Stroud, Sheet and North Petersfield, and Miss E. E. Heins, s.c.m., 2 Petersfield Road, Buriton (Telephone 628) carries out her duties in South Petersfield.

The Health Visitor, Mrs. C. E. Foster, s.r.n., s.c.m., A.R.San.I., carries out the Public Health work in the district under the direction of the County Medical Officer.

### Clinics.

The following Clinics are held at the County Council Health Centre, 1 Ramshill, Petersfield.

*Ophthalmic Clinic ... ..	By appointment.
*Orthopædic Remedial Clinic ...	1st Tuesday mornings and other Tuesday afternoons by appointment.
Child Welfare Centre ..	Wednesday afternoons.
Verminous Cleansing Clinic ...	Friday mornings.
School Clinic ... ..	Friday mornings.
Dental Clinic ... ..	By appointment.
Speech Therapy Clinic ...	Thursdays 9.30 a.m. and 1.30 p.m. by appointment.

### Child Welfare Centre.

The Child Welfare Centre is held every Wednesday afternoon, at County Council Health Centre, Petersfield. It is managed by a Local Committee, and the work of these voluntary helpers, who assist the Medical staff, is greatly appreciated.

### Tuberculosis Clinic.

A Tuberculosis Clinic is held at the County Council Health Centre, Park Way, Havant.

Old patients, *by appointment* from Chest Physician (Telephone, Havant 716).

New patients, every Thursday at 12 noon.

A.P. Refills, every Thursday at 2 p.m.

Dr. Butterworth, the Assistant Tuberculosis Officer, is in attendance.

### \*Venereal Diseases.

Treatment is available at St. Mary's Hospital, Portsmouth.

Males : Tuesdays and Thursdays, 10 a.m. to 7 p.m.

Females : Mondays 5 p.m. to 7 p.m., Wednesdays 2 p.m., Fridays 10 a.m.



## SCHOOL HEALTH SERVICES

### \*Orthopædic Clinics.

Orthopædic cases, requiring treatment, are referred through the Lord Mayor Treloar Hospital, Alton, to the following Clinics :—

- Alton. *Surgeon's Clinic* held at Lord Mayor Treloar Hospital, on fourth Tuesdays, odd months, at 10 a.m., and on Monday at 2 p.m. *by appointment*.  
*Minor Clinic*, attended by Surgeon, held at Lord Mayor Treloar Hospital, on third Wednesdays, each month, at 2 p.m.
- Havant. *Surgeon's Clinic*, held at County Council Health Centre, on fourth Tuesdays, even months, at 10 a.m.  
*Minor Clinic*, held at County Council Health Centre, on second and fourth Wednesdays, odd months, at 10 a.m.
- Petersfield. *Remedial Clinic*, held at County Council Health Centre, Ramshill, first Tuesday, at 10 a.m., other Tuesdays at 1.30 p.m.  
Orthopædic cases, requiring remedial treatment, are referred to this Clinic.

### \*Ophthalmic Clinic.

This is held for School and pre-school children at the County Council Health Centre, Ramshill, *by appointment*.

### \*Orthoptic Clinic.

Cases, selected by the School Oculist, are referred to the Eye and Ear Hospital, Portsmouth.

### \*Ear, Nose and Throat Clinics.

Cases, referred for specialist advice, are examined at the Portsmouth Eye and Ear Hospital and treatment is carried out either at that Hospital or at Petersfield Hospital.

### School Clinic.

This is held at the County Council Health Centre, Ramshill, Petersfield, on Friday mornings.

The Health Visitor attends every Friday morning till noon ; the Medical Officer is in attendance on the first Friday of the month.

**Speech Therapy Clinic.**

Cases attend at the County Council Health Centre, Ramshill, Petersfield, on Thursdays at 9.30 a.m. and 1.30 p.m. *by appointment.*

**Child Guidance Clinic.**

Cases are seen, *by appointment*, at Trafalgar House, Winchester.

**Vermineous Cleansing Clinic.**

A Cleansing Centre is available at the County Council Health Centre, Ramshill, Petersfield.

The Clinic is held on Fridays at 9.30 a.m.

**Dental Clinic.**

Dental Clinics, when required, are held at the Schools and at the County Council Health Centre, Ramshill.

*\* These services are the responsibility of the Regional Hospital Board.*

## **HOSPITALS.**

**General.**

There are four general hospitals available for the admission of patients from Petersfield.

**PETERSFIELD GENERAL HOSPITAL.**

The Petersfield Hospital (Telephone, Petersfield 19) has twenty-eight beds available for medical, surgical and maternity cases.

It is administered by the Portsmouth Group Hospital Management Committee.

**THE ROYAL PORTSMOUTH HOSPITAL, PORTSMOUTH.**

(Telephone, Portsmouth 2103).

**ST. MARY'S HOSPITAL, PORTSMOUTH.**

(Telephone, Portsmouth 2476).

**THE ROYAL HAMPSHIRE COUNTY HOSPITAL, WINCHESTER**

(Telephone, Winchester 2345).

**Heathside Hospital, Petersfield.**

At the end of 1948, Petersfield Isolation Hospital was closed and it was re-named "Heathside Hospital." This institution which is now under the control of the same committee as the General Hospital, Petersfield, was re-opened on the 1st October, 1949, for the admission of chronic sick patients. There are thirty beds available.

### **Infectious Diseases.**

Since the closure of the Petersfield Infectious Diseases Hospital, there is no infectious diseases hospital situated in the district.

Any Infectious Diseases Hospital is now available for the admission of cases occurring in the district. Patients are generally admitted to Portsmouth Infectious Diseases Hospital, Milton Road (Telephone, Portsmouth 2046), which is under the control of the Regional Hospital Board.

Special arrangements have been made for the admission of children suffering from acute polio-myelitis to Lord Mayor Treloar Hospital, Alton (Telephone, Alton 2238).

### **Sanatoria.**

Sanatoria for patients, who are suffering from Tuberculosis, are provided by the Regional Hospital Board.

### **Smallpox.**

The Regional Hospital Board makes provision for the treatment of cases of smallpox at Crabwood Smallpox Hospital. The County Medical Officer arranges for the admission of patients.

## **HOUSING.**

### **Provisions of New Houses.**

During the year, twenty-one traditional type houses and flats were completed by the Council.

In addition, six houses were built by private enterprise and one house was converted into two flats.

## **INSPECTION AND SUPERVISION OF FOOD.**

### **Milk Supply.**

The Food and Drugs (Milk and Dairies) Act, 1944, is the principal act dealing with milk production and distribution.

The Ministry of Agriculture and Fisheries is responsible for the supervision of milk production on the farms, whilst Local Authorities control milk distributors and retail dairies.

The Milk (Special Designation) Act, 1949, and regulations made thereunder, deal with the issue of licences for the following grades of milk :—

1. Tuberculin Tested.
2. Accredited.
3. Pasteurised.
4. Sterilised.



#### 1. TUBERCULIN TESTED.

Milk Licences to produce this grade of milk are issued by the Ministry of Agriculture and Fisheries.

Local Authorities may issue "Dealers' Licences" authorising the use of the designation in relation to milk sold in the district.

Four "Dealers' Licences" were issued during the year.

#### 2. ACCREDITED MILK.

Licences to produce this grade of milk are also issued by the Ministry of Agriculture and Fisheries.

New Accredited Licences will not be issued after 1952 and the designation will cease to exist in 1954.

Local Authorities may issue "Dealers' Licences" for the retail sale of Accredited Milk. One licence was issued during the year.

#### 3. PASTEURISED MILK.

The Act places the responsibility on Food and Drugs Authorities for issuing licences to Pasteurise.

The Hampshire County Council, which is the Food and Drugs Authority in this district, delegated its functions under the Milk (Special Designation) (Pasteurised and Sterilised) Regulations, 1949, to the Councils of County Districts, who will continue the supervision and sampling of Pasteurisation Plants.

Two kinds of Pasteurising Plants are permitted by the regulations: (1) "Holder Type" in which the milk is held at a temperature of 145-150° F. for thirty minutes; (2) H.T.S.T. plants in which the minimum temperature is 161° F. and the milk is held for fifteen seconds.

Three licences to produce Pasteurised Milk were issued by this Council in 1951. Over ninety per cent of all the milk, sold in the district, is pasteurised. All the milk supplied to schools is pasteurised.

#### 4. STERILISED MILK.

The regulations require that milk shall be filtered and clarified, homogenised and heated to and maintained at not less than 212° F. for such a period as to ensure that it will comply with a turbidity test as prescribed in the regulations. There are no plants for the production of this grade of milk in the Urban District, but one "Dealers' Licence" to sell sterilised milk has been granted to a Southsea firm.

## FOOD HYGIENE.

In the home, the consumption of any food, that has been dangerously contaminated, will affect only the family ; whereas, in a canteen, restaurant or café, hundreds of people may be affected simultaneously.

Apart from the risk of food poisoning, the very thought of eating food from dirty utensils or of eating any food, that has been handled by someone with dirty hands, is most objectionable.

Prevention is better than cure and a great deal can be done to prevent the dangerous contamination of food. The remedy, of course, lies mainly in the personal cleanliness of the food handlers.

The washing of hands immediately after using the lavatory is absolutely essential for everybody.

Any food handler, infected with diarrhœa or with septic sores or boils, should not be allowed to handle food. It should constantly be borne in mind by all concerned in the handling, preparation and storage of food—and particularly by those who work in canteens or who serve food to large numbers—that the utmost care must be taken to obviate the risk of food poisoning, which may occur, even in the best equipped of canteens.

Hands become contaminated when the nose is blown ; when the fingers touch the nose or mouth, or hair ; when the fingers touch the lips during smoking ; and when the fingers touch soiled articles.

Most important of all, is the fact that they become contaminated during each visit to the lavatory—for toilet paper is porous.

Once contaminated, the hands will leave bacteria behind on everything they touch.

The air itself may convey the infection to the food by a spray of droplets during the acts of spitting, coughing, sneezing, whistling, blowing or even talking loudly *over food*. So food and dishes should be kept under cover to protect them from dust, and from droplet infection as well as from flies, cockroaches, rats and mice.

Food poisoning occurs only if food poisoning germs have an opportunity of multiplying in the food in which they are present. For this to happen, they must have a vulnerable food under suitable temperature and moisture conditions for a period of time.

Vulnerable foods—which include pressed meat, brawn, meat pies, stews, trifles, custards and synthetic cream—are normally quite safe when prepared ; but they act as ideal breeding grounds for any dangerous germs that gain access, especially if kept at warm temperatures.

Refrigeration definitely retards the growth of bacteria ; and it is most important that vulnerable food should be stored at a low temperature in a refrigerator or a cool larder to prevent the germs from multiplying.

It is satisfactory to report that no case of food poisoning was notified in this district during the year.

## **PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.**

### **VACCINATION.**

Persons, who travel from infected areas to this country *by sea* (with the exception of those coming by one of the short sea routes) have usually passed the incubation period of smallpox before arrival in England.

Whereas those, who travel *by air*, arrive in this country before the incubation period of smallpox has elapsed, so there is greater risk that a case might land here before the disease has become apparent.

From time to time, outbreaks arise from cases that develop after landing ; and, in order to counteract this increased risk of infection, it is all the more important that primary vaccination in infancy and periodic re-vaccination should be carried out.

The ideal time for the first vaccination is during the first six months of infancy—preferably about the fourth month.

Children should be re-vaccinated before the age of ten years—preferably between seven and ten years—and on subsequent occasions if there has been exposure to smallpox.

The following is an extract from the report of the Chief Medical Officer to the Ministry of Health :—

“ While parents appear to have become more casual about the need for *infant* vaccination, now that the element of compulsion has been removed ; its popularity—as an emergency measure in an outbreak of smallpox—has been well demonstrated in recent outbreaks.

Vaccination and other measures, used locally, were fortunately effective to deal promptly with these dangerous situations ; but this is not a sufficient argument in favour of delaying primary vaccination from infancy until a later age or until the individual has almost certainly been exposed to the infection of smallpox.

To delay the first vaccination from infancy until a later age is contrary to the best interests of the individual who is thus denied the opportunity of acquiring, with minimum risk, an initial immunity to smallpox, that can be effectively revived with little inconvenience should the necessity arise later.

This conception of routine infant vaccination as a procedure which provides an essential foundation on which a solid immunity to smallpox can be rapidly and safely built up by further vaccination in emergency, is not enough appreciated by parents."

### **Diphtheria Immunisation.**

Children can be immunised by their own doctors or at the Child Welfare Centre.

There is also an Immunisation Clinic, held at the Town Hall, on the fourth Wednesday morning of each month.

During the year, four-hundred and eight immunisations against diphtheria were carried out.

<i>Immunisation.</i>	<i>Pre-school Children.</i>	<i>School Children.</i>
Primary ...	77	19
Re-inforcing ...	5	307

At the end of the year, the percentage of immunised children under the age of fifteen years was 64'9 compared with a corresponding figure of 66'82 for the country as a whole in 1950.

The following table gives the annual incidence and mortality from diphtheria since 1936.

	1936	1937	1938	1939	1940	1941	1942	1943
Cases ...	13	6	9	1	2	1	—	9
Deaths ...	—	—	1	—	—	—	—	—
	1944	1945	1946	1947	1948	1949	1950	1951
Cases ...	—	—	—	—	—	—	—	—
Deaths ...	...	—	—	—	—	—	—	—



It is satisfactory to report that there has only been one death from diphtheria since the Council's scheme for diphtheria immunisation by general practitioners was commenced in 1935.

It will also be noted that no case of diphtheria occurred during the past eight years.

In 1943, the nine cases occurred amongst Portsmouth evacuees at West Mark Camp.

There have been no cases in local children since 1941.

### **DIPHTHERIA IMMUNISATION PROPAGANDA.**

The following extract from a recent report by the Chief Medical Statistician to the General Register Office outlines the present position of diphtheria and the necessity for immunisation :—

“ In 1901 about 10,000 persons died from diphtheria in England and Wales ; whereas, in 1951, the provisional figure is only 34.

Diphtheria has therefore fallen from being one of the most serious causes of death of the children in this country to a position of numerical insignificance.

The greatest reduction in the mortality from diphtheria has taken place in the last ten years—the period of large scale immunisation ; and, during these ten years, there has been a sudden and enormous reduction in the incidence of notified cases as well as deaths.

The situation is now being reached where the eradication of diphtheria as an indigenous disease in this country can be foreseen as a very real possibility within the next few years, *providing* there is no slackening in the immunisation efforts that have been so dramatically successful in the past ten years.

Complacency, resulting from what has already been achieved, or loss of interest or of confidence in immunisation, may mean that diphtheria will go on occurring endemically and epidemically in this country indefinitely, with the ever-present risk of a return to high mortality ; but a vigorously continued immunisation programme, combined with existing methods of epidemic control, may free us entirely from the disease except for the occasionally imported case.”

The Ministry of Health recommends that all children should be immunised before their first birthday—preferably at the age of seven or eight months and that they should receive a “ booster ” or re-inforcing dose just before entering school, and again every four or five years throughout school life.

Owing to the fact that immunity against diphtheria takes several weeks to develop, those that have been inoculated earlier in life will have the advantage of receiving protection against diphtheria at short notice.

It is, therefore, of the utmost importance for parents to realise that active immunisation in the first year of life and re-inforcing doses of prophylactic in later years are just as necessary in the *absence* of diphtheria epidemics as in their presence.

Resistance to diphtheria is rather like a car battery that needs periodical *topping-up* to maintain its full efficiency.

So be sure to let your child be immunised in infancy and have its first "topping-up" before reaching school age.

### Notifiable Diseases.

Particulars of cases of Infectious Diseases, that occurred during the course of the year, are shown in the following table :—

<i>Diseases.</i>				<i>Total Cases Notified.</i>	<i>Total Deaths.</i>
Scarlet Fever	...	...	...	9	—
Diphtheria	...	...	...	—	—
Puerperal Pyrexia	...	...	...	—	—
Pneumonia	...	...	...	1	—
Dysentery	...	...	...	—	—
Erysipelas	...	...	...	—	—
Ophthalmia Neonatorum		...	...	—	—
Enteric Fever (including Paratyphoid)			...	3	—
Acute Polio-myelitis and Polio-encephalitis			...	—	—
Cerebro-spinal Fever	...	...	...	—	—
Measles	...	...	...	6	—
Whooping Cough	...	...	...	20	—
TOTALS	...	...	...	39	—

An analysis of the total notified cases according to age groups is given below :—

Age Group.	Scarlet Fever.	Measles	Whooping Cough.	Pneumonia.	Paratyphoid
Under 1 year ...	—	—	3	—	—
1 - 2 years ...	—	2	—	—	—
2 - 3 „	—	—	5	—	—
3 - 4 „	—	1	2	—	1
4 - 5 „	1	—	4	—	—
5 - 10 „	—	1	5	—	—
10 - 15 „	8	1	1	—	1
15 - 20 „	—	1	—	—	—
20 - 35 „	—	—	—	—	—
35 - 45 „	—	—	—	—	—
45 - 65 „	—	—	—	1	1
Over 65 „	—	—	—	—	—

Only certain forms of Pneumonia are notifiable.

No deaths from Infectious Diseases occurred.

### Paratyphoid Fever.

In the outbreak of paratyphoid “ B ” infection, that occurred during August and September, three cases were notified in this district and one symptomless excretor was discovered as a result of investigation.

### Scabies.

Facilities for the treatment of Scabies are available at Havant and Portsmouth Disinfestation Clinics.

Appointments for cases requiring treatment are made through this Department.

Scabies should be regarded as a family infection ; and all members of the same family should present themselves for treatment simultaneously—whether or not they complain of “ The Itch ” and show evidence of Scabies at the time. Otherwise an early case may escape detection and the parasite may thrive in one member and re-infect the others.

## Pediculosis.

Cases of Pediculosis (head lice) may be referred for treatment at the Cleansing Clinic, County Council Health Centre, Ramshill, Petersfield, on Friday mornings.

Pediculosis should also be regarded as a family infection; and, when a child is found to be verminous, all the members of the family should offer themselves for examination. This wise practice would ensure that any undetected case in the same family would receive immediate treatment and that there would be no further spread of infection of others.

## TUBERCULOSIS.

<i>Age Period.</i>	<i>New Cases.</i>				<i>Deaths.</i>			
	<i>Respiratory.</i>		<i>Non-Respiratory.</i>		<i>Respiratory.</i>		<i>Non-Respiratory.</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0 - 1 ...	—	—	—	—	—	—	—	—
1 - 5 ...	—	—	—	—	—	—	—	—
5 - 15 ...	—	—	—	1	—	—	—	—
15 - 25 ...	1	—	—	—	—	—	—	—
25 - 35 ...	—	1	—	—	—	1	—	—
35 - 45 ...	1	—	—	—	—	—	—	—
45 - 55 ...	1	1	—	—	2	1	—	—
55 - 65 ...	—	—	—	—	—	—	—	—
65 and over ...	—	—	—	—	—	—	—	—
TOTAL ...	3	2	—	1	2	2	—	—

On 31st December, 1951 the total number of cases on the register was fifty.



## **Report on the Work of the Sanitary Inspector**

for the year ended 31st December, 1951.

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### **Water Supply.**

The chief source of supply is from two deep boreholes situated at Sheet. This is augmented by spring water from Oakshott.

The two sources of supply were sufficient to meet requirements. These supplies are chlorinated and samples are regularly sent for analysis. During the year thirty-seven samples of the public supply were analysed and thirty-six were reported on as satisfactory. All of which were sterile.

99·3% of the houses in the district have a constant supply of water supplied direct into the premises.

### **Drainage and Sewerage.**

No major works were carried out during the year on the sewerage system.

### **Closet Accommodation.**

With few exceptions, the pails of the houses, that are not connected to the public sewer, are emptied twice a week by the Hants Cleansing Service.

### **Public Cleansing.**

The Council is responsible for the cleansing of all the roads in the district.

Refuse collection is carried out weekly at Petersfield and Sheet, and fortnightly at Stroud.

These services are the responsibility of the Surveyor's Department.

### **Shops.**

All shops are inspected for compliance with the Shops' Act, especially where changes are made. No cases of infringement were found.

### **Eradication of Bed Bugs.**

No case of infestation by bed bugs was reported.

### **Camping Sites.**

Regular inspections were made of all licensed sites. These are all reasonably well kept.

### **Rodent Control.**

Work on this was maintained throughout the year and block control was carried out. No major infestations were found.

Of the Council's own properties, the Sewage Works was treated twice during the year, and the Refuse Dumps at Durford Road, Borough Road, Stroud and Dark Hollow were all found free from infestation in 1951.

The main sewerage system was test baited in the spring. The only evidence of infestation was again on the Cranford Road Estate, which had a further maintenance treatment.

# 1. PREVALENCE OF RATS AND MICE.

	(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)
		(ii) (iii) (iv) Number of properties in Local Authority's Area.			Analysis of Column iv.		
		In which infestation was			Number infested by		
	Total.	Notified by Occupier.	Otherwise discovered.	Recorded total of (ii) and (iii)	Rats.		Mice only.
					Major.	Minor.	
Local Authority's Property (not including houses)	14	—	7	7	1	5	1
Dwelling Houses	2000	47	10	57	—	54	3
*Business Premises	395	15	15	30	—	26	4
Agricultural Property	30	3	1	4	—	4	—
TOTAL	2439	65	33	98	1	89	8

\* Includes Combined Dwelling and Business Premises occupied by the same person.

## 2. MEASURES OF CONTROL BY LOCAL AUTHORITY.

TYPE OF PROPERTY.	No. of properties inspected.	No. of inspections made.	Number of notices served under Section 4.		Number of treatments carried out.				Block treatments of properties in different occupancies under Section 6 (1) or by informal arrangement.			
					By arrangement with occupier.		Under Section 5 (1).					
			Treatments.	Works.	Rats.	Mice only.	Rats.	Mice only.	Number of blocks.	Surface.	Associated sewers.	Number of manholes treated.
Local Authority's Property	10	49	—	—	6	1	—	—	—	—	—	
Dwelling House ...	80	226	—	—	57	3	—	—	3	26	—	
Business Premises ...	39	127	—	—	26	4	—	—	3	21	—	
Agricultural Property ...	4	6	—	—	4	—	—	—	—	—	—	
TOTAL ...	133	408	—	—	93	8	—	—	6	47	—	

### General Inspection of the Area.

Total number of visits made (including food inspections) ... ..	3026
Number of complaints received and dealt with ...	135

### Visits and Inspections.

Common Lodging House ... ..	4
Camping Sites ... ..	23
Drainage ... ..	104
Factories ... ..	45
Fried Fish Shops ... ..	4
Ice Cream Premises ... ..	25
Infectious Disease ... ..	59
New Buildings ... ..	135
New Drains and Sewers Tested ... ..	32
Pail Scavenging ... ..	19
Refuse Tips re Fly Infestation and Rodent Control	28
Re Disinfection of Rooms ... ..	10
Sewage Works (for Rodent Control) ... ..	25
Schools ... ..	12
Shops (under Shops' Acts) ... ..	12
Water Supply (sampling of water) ... ..	42

### Summary of work carried out under Public Health and Housing Act.

#### 1. Inspection of dwelling-houses during the year—

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... ..	43
(b) Number of inspections made for the purpose	74
(2) (a) Number of dwelling-houses (included under sub-head [1] above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ... ..	21
(b) Number of inspections made for the purpose	45
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	Nil
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be, in all respects, reasonably fit for human habitation ...	31

2. Remedy of defects during the year without service of formal notices—
 

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ...	29
---------------------------------------------------------------------------------------------------------------------------------	----
3. Action under Statutory Powers during the year—
  - (a) Proceeding under Sections 9, 10 and 16 of the Housing Act, 1936—
    - (1) Number of dwelling-houses in respect of which Notices were served requiring repairs ... Nil
    - (2) Number of dwelling-houses which were rendered fit after service of formal notices—
      - (a) By owners ... Nil
      - (b) By Local Authority in default of owners ... Nil
4. Overcrowding—

No cases of overcrowding were found during the year.

A list of major repairs carried out under notice is as follows :—

Chimneys repaired	...	...	4
Choked drains cleared	...	...	13
Dampness remedied	...	...	6
Drainage improved or repaired	...	...	5
Floors repaired or renewed	...	...	8
Gutters repaired or renewed	...	...	3
Ranges repaired or renewed	...	...	4
Roofs repaired ...	...	...	3
Walls repaired or renewed	...	...	4
W.C. pans provided	...	...	4
W.C.'s repaired	...	...	4
Windows repaired or renewed	...	...	5
Rooms cleansed	...	...	6

## INSPECTION AND SUPERVISION OF FOOD.

### Milk Supply.

The Food and Drugs Act, 1944, which came into force on the 1st October, 1949, places the responsibility for the supervision of the retail dairies and distributors on Local Authorities.

Under the Milk (Special Designation) (Pasteurised and Sterilised) Regulations, 1949, the licensing of Pasteurising plants is the



responsibility of Food and Drugs Authorities. The Hampshire County Council have delegated their functions under these regulations to the Councils of County Districts.

The three pasteurising plants in the district have operated on the whole satisfactorily during the year.

Of the samples which failed to pass the prescribed tests, none failed to any great extent. In each case the failure was probably due to a slight fall in the temperature of the milk during pasteurisation.

The one High Temperature Short Time Pasteurisation Plant in the district has now operated for over three years with a record of no unsatisfactory samples since it was first installed.

Attention was again given to the sterilisation of milk bottles and monthly samples are now taken, this helps the dairyman to keep check of his methods, but there is still room for improvement in the cleansing of bottles.

#### DETAILS OF MILK PRODUCERS AND DEALERS.

Number of—

Retail Purveyors	...	...	...	6
Wholesale Dealers	...	...	...	1
Licensed Retailers of Tuberculin Tested Milk				4
Licensed Producers of Pasteurised Milk			...	3
Licensed Retailers of Pasteurised Milk			...	4
Inspections made of Dairies	...		...	180

#### DETAILS OF SAMPLING.

Visits re sampling	...	...	...	152
	No. of Samples.	Satisfactory.	Failed Methylene Blue Test.	Failed Phosphatase Test.
Pasteurised Milk	... 151	142	3	6
T.T. Pasteurised	... 4	4	—	—

#### MILK BOTTLES.

No. of Samples.	Satisfactory.	Unsatisfactory.
97	73	24

#### Meat and other Foods.

Number of inspections and visits made of Food Shops, Stalls, Slaughter-houses, Cafés, etc.	...	1627
--------------------------------------------------------------------------------------------	-----	------

#### (a) MEAT INSPECTION.

The Government slaughter-house at the Grange continued in use throughout the year. Slaughtering was again heavier than

in the previous years, and entailed a large amount of time on meat inspection, often late in the evening and on every Sunday from July until Christmas.

As in previous years, one hundred per cent inspection of all carcasses and offal was carried out.

The report of the Inter-departmental Committee on Meat Inspection was received during the year, this Committee was formed to consider the methods of meat inspection, qualification of Inspectors and generally review the slaughtering and handling of meat. Amongst its many recommendations the following are of interest : that Sanitary Inspectors continue to be responsible for the inspection of meat but that it should be made compulsory to hold the Meat and Other Foods Certificate of the Royal Sanitary Institute, when engaged on such work. The application of the statutory powers of examining and rejection of meat if the Crown continues to be the owner of meat at the place of slaughter was also recommended.

A revised version of Memo. 62 Foods was also prepared, bringing the recommendations up to date.

The Committee also recommends that the sale of meat from stalls in the open air be discontinued and that more suitable vehicles be provided for transporting meat, and all meat in transit be wrapped.

#### CYSTICERCUS BOVIS.

Systematic inspection for this disease was again carried out throughout the year ; in each case, the internal and external masseter muscles of the head, the pillars of the diaphragm and the heart muscles were incised. This inspection is particularly important, as infected meat may give rise to the Tapeworm *Tania Saginata* in humans.

The number of cases discovered, seventy-one, was twenty-three more than in 1950 ; but the percentage was similar.

The head, tongue and heart were condemned in every case, the remainder of the offal and the carcass are sent for cold storage for twenty-one days at 16° F. This freezing kills any cysts which may be in the carcass. After release from cold storage, the carcass is used for manufacturing purposes.

Details of cases found are as follows :—

Cases discovered	...	...	71
(Market : Local 32 ; South West 14 ; Midland 6 ; East 4 ; Irish 6).			
Percentage of animals killed	...	...	1'29



Type of animal—				
Steer	...	...	...	36
Heifer	...	...	...	19
Cows	...	...	...	16
Primary Cyst discovered—				
Head	...	...	...	53
Heart	...	...	...	18

The incidence was again highest during the summer months.

The Public Health Laboratory Service is carrying out an investigation of this disease and any useful information has been passed on to them.

DISTOMATOSIS (FLUKE DISEASE) in cattle livers was again very prevalent, and seems to be increasing. The wastage of liver is considerable.

Details are as follows :—

Whole livers condemned	...	1,561
Part livers condemned	...	656
	TOTAL.	2,217
Weight	...	26,144 lbs.
Percentage of total inspected	...	40'45

The number of livers, affected with Distomatosis, is mainly responsible for the high percentage of cattle affected with disease other than Tuberculosis, as shown in the following table :—

DETAILS OF INSPECTIONS.	Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed ... ..	3948	1532	3192	6671	109
Number inspected ... ..	3948	1532	3192	6671	109
<i>All diseases except Tuberculosis—</i>					
Whole carcasses condemned ...	1	5	37	11	6
Carcasses of which some part or organ was condemned ...	1158	539	8	199	14
Percentage of the number inspected affected with disease other than Tuberculosis ... ..	29'35	35'50	1'40	3'14	18'34
<i>Tuberculosis only—</i>					
Whole carcasses condemned ...	8	26	4	—	1
Carcasses of which some part or organ was condemned ...	239	462	—	—	2
Percentage of the number inspected affected with Tuberculosis ...	6'25	31'85	0'12	—	2'75

## Diseases in Food Animals—Cattle.

DISEASES	Whole carcasses and all offal		Hind Quarter		Fore Quarter		Other part carcasses		Livers		Part Livers		Lungs		Heads and Tongues		Hearts		Spleens		Skirts		Tripes		Guts		Udders		
	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	
Abscesses	...	-	-	-	-	-	-	-	156	2062	-	-	10	95	-	-	-	-	-	-	-	-	30	1312	-	-	-	-	
Actinomycosis	...	-	-	-	-	-	-	-	-	-	-	-	-	-	2	60	-	-	-	-	-	-	-	-	-	-	-	-	
Angioma	...	-	-	-	-	-	-	-	117	1683	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Bruising	...	-	-	-	1	186	7	246	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cysticercus Bovis	...	-	-	-	-	-	-	-	-	-	-	-	-	-	55	1620	55	330	-	-	-	-	-	-	-	-	-	-	
Distomatosis	...	-	-	-	-	-	-	-	1561	23004	656	3140	21	172	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Emaciation (Pathological)	...	2	738	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Fevered	...	1	689	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Hydated Cysts	...	-	-	-	-	-	-	-	11	152	-	-	10	96	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Mastitis	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Nephritis	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Oedema	...	1	643	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Pleurisy	...	-	-	-	-	-	-	-	-	-	-	-	42	400	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Septicæmia	...	2	1600	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tuberculosis	...	34	23122	2	359	35	4989	34	1294	27	380	-	-	497	5409	408	12410	22	132	66	132	33	132	38	1616	272	7410	-	
TOTAL	...	40	26792	2	359	36	5175	41	1540	1872	27281	656	3140	580	6171	465	14090	77	462	66	132	33	132	68	2928	272	7410	68	1360

# Diseases in Food Animals.

DISEASES	CALVES						SHEEP						PIGS					
	Carcases			Heads			Plucks			Carcases			Part Carcases			Plucks		
	No	lbs		No	lbs		No	lbs		No	lbs		No	lbs		No	lbs	
Abscesses	...	.	.	4	36	.	.	.	.	1	11	7	36	63	130	.	.	.
Bruising	...	1	50	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Carcinoma	...	.	.	.	.	.	.	.	.	1	93	.	.	.	.	.	.	.
Distomatosis	...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Dropsy	...	3	245	.	.	.	.	.	.	1	57	.	.	.	.	1	44	.
Dead on Arrival	...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	262	.
Emaciation	...	.	.	.	.	.	.	.	.	3	129	.	.	.	.	1	57	.
Enteritis	...	1	47	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Erysipelas	...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	135	.
Fevered	...	2	184	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Immature	...	10	341	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Inflammation	...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Jaundice	...	2	103	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Joint Ill	...	13	595	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Maggot Infestation	...	1	37	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Multiple Tumours	...	.	.	.	.	.	.	.	.	2	118	.	.	.	.	1	172	.
Moribund	...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	40	.
Pleurisy	...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	3	30	.
Septicæmia	...	.	.	.	.	.	.	.	.	4	285	.	.	.	.	.	.	.
Tuberculosis	...	4	321	.	.	.	.	.	.	.	.	.	.	.	.	1	192	.
TOTAL	...	37	1923	4	36	2	12	11	692	1	11	7	36	196	400	7	902	37

(b) OTHER FOODS.

All food shops were visited to check compliance with the Food and Drugs Act and Bye-laws. A reasonable standard of cleanliness is being maintained, but many small points in the handling of food can be much improved.

No further action has yet been taken by the Government on the report of the Catering Trade Working Party.

Circulars were sent out in the spring to all premises concerned with the handling of food, pointing out the possibility of food poisoning outbreaks, drawing attention to the main dangers, and detailing the most likely foods to be infected, such as pressed meats, brawns, meat pies, stews, ice cream, synthetic cream, trifles and custards, urging great care in the handling of these foods, and encouraging the use of refrigeration where possible.

The following foodstuffs were voluntarily surrendered and condemned :—

- 17 tins Corned Beef.
- 20 tins Imported Ham (249 lbs.).
- 24 tins Luncheon Meat.
- 9 tins Stewed Steak.
- 105 tins Milk.
- 20 tins Vegetables.
- 10 tins Fruit.
- 3 tins Fish.
- 60 jars Pineapple.
- 150 lbs. Fish.
- 24 lbs. Cheese.
- 20 lbs. Chocolate Biscuits.
- 2 lbs. Butter.

**Adulterations.**

The law relating to the composition of food and drugs is administered by the County Council. The Food and Drugs Act, 1938, places restrictions on the addition of other substances to any food or drug. It also controls the abstraction from food of any of its constituents. Probably the most important section in Part 1 of the Act is Section 3, which relates to the sale of food and drugs which are not of the nature, substance or quality demanded by the purchaser. Most of the prosecutions which arise are in respect of offences under this section.

I am indebted to Mr. C. O. Perry, Chief Inspector under the Food and Drugs (Adulteration) Act, for the information that thirty-seven samples were taken in the district during the year.

Details of these are as follows :—

Butter and other Fats	...	...	3
Drugs	...	...	2
Meat Products	...	...	2
Milk	...	...	21
Spirits	...	...	1
Other Foodstuffs	...	...	8
			—
			37
			—

All the samples proved to be satisfactory, and the twenty-one milk samples contained an average of 3.75% of milk fat and 8.74% of non-fatty solids.

### FACTORIES ACT, 1937.

#### Part 1 of the Act.

#### 1. **Inspections** for purposes as to health.

Premises.	Number on Register.	Inspections.	Number of written Notices.
(1) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	29	18	—
(2) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	46	34	—
(3) Other Premises in which Section 7 is enforced by the Local Authority ...	—	—	—
TOTALS ...	75	52	—

#### Cases in which **Defects** were found.

	FOUND.	REMEDIED.
Want of Cleanliness ...	—	—
Sanitary Conveniences unsuitable or defective ...	—	—
Not separate for sexes ...	—	—

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